

Bidder Name:

Value Options



2009 Iowa Plan RFP Bid Evaluation Scoring Tool

TECHNICAL COMPONENT

7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

7A.2.2 Enrollees 65 and Older	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.2</p> <p>1. Did the bidder describe the experience it has in treating individuals aged 65 and older?</p> <ul style="list-style-type: none"> Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older? Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it? If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective? Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective? 	<p>11 states</p> <p>- identified stigma, depression - pres. abuse - Need for physical & psychiatric strength also will work with caregivers - will use care managers for coord of services</p> <p>this is a new population - the transition plan acted as if they were already in the Iowa Plan</p>

Strength ① deal with both psychiatric issues & physical health issues ② Outreach to natural supports & Univ. of Iowa 3. good identification of challenges

Weakness - at least 2 of challenges had solutions of working with primary care physicians - no mention of how they would co-op pcp's to take part.
Not sure they realized this was a new population¹ in Iowa Plan

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<p>√7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> • emphasize honoring Eligible Persons' choice of service provider, • promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and • demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery? <p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>Regional clinical teams - with specific knowledge of the eligible persons - think they will live in those regions</p> <p>Priorities for high need vary accord to region</p> <p>Connections system identify high need</p> <p>Relapse & Recovery approach</p> <p>Focus on provide tools p.13</p> <p>Holistic approach good, but who will pay p.14</p> <p>Showed data for Texas & increase in co-occur services</p> <p>Gave examples of what did for each type in several states</p>

- Strength
1. Referral Protocol
 2. Regional g.m & Regional data
 3. Peer Support & Family Support Services p. 11
 4. Warm Line -
 5. Indiv & system care coord.
 6. Educate & train on co-occur m.b & ss.
 7. Relapse & Recovery approach p.13
 8. Examples of many diff. states

- Weakness
1. Didn't talk about need assessment on training
 2. Choice of provider limited

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<p>√7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet</p>
<p>1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</p> <p>2. Does the bidder's proposal describe in detail the model it proposes to implement?</p> <p>3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</p> <p>4. Does the response specifically identify the bidder's approach with respect to:</p> <ul style="list-style-type: none"> • Contractor interactions with Eligible Persons? • service system planning and design? • provider adoption of a rehabilitation, recovery and strength-based approach to services? <p>5. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>data for example - cut cost by 40% Colorado appear only m.h - Conn said addictions family peer spec in emergency Room Conn - showed data</p>

Strength ① lead by example & push system to improve p. 24
 ② they will employ consumers
 p. 25 3. Conducted focus groups - eligibles & Families designed
 services
 4. Will use state university for survey satisfaction p. 26
 5. Learning labs p. 27

Weakness ① statewide member & family support doesn't
 address SA - does talk dual
 ② Voice p. 25 - again doesn't address
 lot of good ideas - left out SA examples
 didn't even mention

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really between meet & partially

7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
7A.2.5.a) 1. Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care? 2. Does the description include: <ul style="list-style-type: none"> • how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning? • descriptions of instances in which the bidder has successfully employed such strategies under other contracts? 3. Is the bidder's proposed approach appropriate and likely to be effective? 4. Do the cited examples of experience demonstrate working knowledge that will benefit Iowa?	person centered planning limited to develop plans self directed care audits pretty limited
7A.2.5.b) 1. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care?	6

Strength

- ① Self Directed Care Approach p. 20
- ② Gave details on wrap around ~~some~~ services for Children & Family p. 29
- 3 Diff approach for voluntary & involuntary

Weak - mention a research based eval tool But no name or citation p. 30
 No mention of where employed strategies
 No data to measure success (over)

3. limited approach NO training or
TA to providers

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7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>√7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>	<p>Stability & viability of current Network initial goal will help to do application uniform reimbursement Paper safety Nets</p>
<p>√7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed? did a poor job of SA of CO-occur gaps</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p>	<p>training & orientation</p> <p>look first at critical gaps will look at incentives - single case agreement p.33</p>
<p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> Level I Sub-acute Facility services delivery? 24 hour mental health stabilization services? Substance abuse peer support/recovery coaching? <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>Recruit to better serve rural areas (use incentives)</p> <p>Rural - in home services - transportation & pay more for rural services work to shift philosophy</p> <p>Phase 2 p.34 - recruit private practitioners</p> <p>p.35 - later years local groups develop own plans</p>

~~Not sure they understand that PPH is not an open panel~~

p.36 & 37 - appeared ~~that gap analysis reviewed only for MHI~~ ^{written}

p.39 mobile crisis team include addiction spec.

p.40 Hospital diversion programs - talk about SA.

(over)

like the school based service ~~but~~ but can't tell
if VO will fund it or what?

3a peer support p. 42-43 - did use obj's - will
~~this also work~~ for those not co-occur

Concerned on use of ~~connections~~ connections p. 43 - IDPH -
counties will ~~use~~ this

p. 44 timeline - what is EATS/CDAT-CO
~~telehealth~~ limited to telepsychiatry -

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7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>✓ 7A.2.6.c)</p> <p>1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff? <i>3 ways to authorize, but not way</i></p> <p>2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate? <i>outlined them - ok</i></p> <p>5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa?</p>	<p>flex funds access to care line 24/2 Standard format providers will know what it is Do not want outpt services p.46 authorized - using an automated authorization system for opt Comm. based IEC will authorize as part of conferencing - gave 2 state examples - no outcomes</p>
<p>7A.2.6.d)</p> <p>1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan? <i>Might be too limited. p48</i></p> <p>2. Is the bidder's proposed approach appropriate and likely to be effective? - <i>peer support not till yr 3 (earlier)</i></p>	<p>training & monitor outcomes - collaboration example of ACT use fidelity tool starting with demo projects</p> <p style="text-align: right;"><u>Meets</u></p>
<p>7A.2.6.e)</p> <p>1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds?</p> <ul style="list-style-type: none"> If yes, is there a complete explanation of these services? 	<p>(This response should not be scored. The question is for informational purposes only)</p> <p><u>NONE</u></p>

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7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.7.a)</p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> • number of staff? • credentials and expertise? — • the rationale for the mix of expertise? — • roles of different types of staff? — • methods to maximize coordination between UM staff and local delivery systems? — • methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system? <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</p>	<p>reward excellent providers by reducing or eliminate prior author p. 50</p> <p>geographic teams but can't tell who is where</p> <p>40.5 staff</p> <p>5 Clinical Care Manage CDC</p> <p>NO ONE ELSE</p> <p>Warm line</p> <p>like SA (DOPH) Funs can use UM for consultation p. 53</p> <p>NO REGIONAL SA experience</p>
<p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</p>	<p>REGIONAL</p>
<p>7A.2.7.b)</p> <p>1. Did the bidder's other clients for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>	

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.a)</p> <p>1. Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate? P. 54</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate? Attachment 1</p>	<p>Using Mass has social nec. Due to copyright didn't attach ASAM but gave an example Have some diversionary service criteria. section on co-occur (WER)</p>
<p>7A.2.8.b)</p> <p>1. Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services?</p> <p>2. Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests?</p> <p>3. Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient <u>and</u> effective? <u>Meets</u></p>	<p>no pre-nat'l. but all eligible (IDPH too) have to register staffed 24 hrs day prior auth high volume staffed outside of state</p>
<p>7A.2.8.c)</p> <p>1. Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations:</p> <ul style="list-style-type: none"> i. substance abuse services for pregnant and parenting women? ii. substance abuse services provided to Enrollees in PMICs? iii. mental health inpatient services provided to Enrollee children in state mental health institutes? iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment? v. Assertive Community Treatment (ACT)? <p style="text-align: right;">G 11</p> <p style="text-align: right;"><u>Meets</u></p> <p>• If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted?</p>	<p>Connections track women good list of requirement for limited family involvement none mentioned. talked about principals of care but no explanation p 16 recovery mentioned in ACT - also noted ACT for co-occur</p>

7a.28- ^{definition} criteria for detox includes therapy P³⁶
Attachment,
~~added staff besides ASAM for abuse~~
P-437 Attachment,

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.d) <u>p. 57</u></p> <ol style="list-style-type: none"> Did the bidder list any services or levels of care for which prior authorization would not be required? Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? <u>No Example</u> 	<p>will require for all 24 hrs level of care TOP Support have a value select provider program Optpt. has 7 listed p. 57 high need might have to have all authorized identified program with high aberrant utilization trends might require all to be authorized didn't see they would ask for state approval use outlier management program</p>
<p>7A.2.8.e) <u>p. 58</u></p> <ol style="list-style-type: none"> Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? <u>Utilization trends, profiles, outliers - etc.</u> Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? <u>trend phone time supervisory audits</u> Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? <u>Value Select Program</u> Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? <u>in another section ref here</u> 	<p><u>Meets</u> Prati didn't see</p>

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet
<p>7A.2.8.f) p. 58</p> <ol style="list-style-type: none"> Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"? Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ? Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP? yes Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need" convey a good understanding of how the approaches differ? 	<p>uses psycho nec. elements in all p. sector programs - NO service need</p> <p>- in explain how concepts differ used recovery approach</p> <p>couldn't find anything on service need</p>
<p>7A.2.8.g) p. 60 <u>Meets</u></p> <ol style="list-style-type: none"> Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)? Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate? Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services? Does it appear that this process treats providers fairly and will be effective? 	<p>author code say contract requirements</p> <p>section on retro reviews which doesn't seem to address this section</p> <p>use of connections & hold claims for 60 days in operation</p> <p>no need to resubmit</p>

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.h) <i>P-61</i></p> <p>1. Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management? <i>description detailed & laid out but relationship to TCM outlined.</i></p> <p>2. Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective? <i>list of admission criteria described</i></p> <p>3. Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective?</p>	<p><i>Complex Needs</i> <i>but all ICM need TCM & vice versa</i> <i>list of admission criteria described</i></p>
<p>7A.2.8.i) <i>P-62</i></p> <p>1. Did the bidder describe how it would provide 24 hour crisis management? <i>only can't tell what do with non-emergency</i></p> <p>2. Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective?</p>	<p><i>Assigned to geographic teams</i> <i>expertise in varied backgrounds</i> <i>automated response reper both</i> <i>English & Spanish but only if emerg.</i> <i>call never put on hold in emergency</i></p>
<p>3. Did the bidder provide examples of how that service has been provided in other states? <i>Texas - good data outcome</i></p> <p>4. Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa? <i>yes</i></p>	

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7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet
<p>7A.2.9.a)</p> <p>1. Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including:</p> <ul style="list-style-type: none"> • how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? <i>there are p.l.c.s</i> • how the 24-hour crisis and referral service would interface with the emergency crisis service system? <i>will be</i> <p>2. Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff? <i>lists differ areas of expertise</i></p> <p>3. Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise? <i>not outlined</i></p> <p>2. Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system? <i>Never put on hold - 3 way conf ability</i></p>	<p><i>listed goal for crisis response</i></p> <p><i>community based mobile crisis</i></p> <p><i>home based - school based</i></p> <p><i>emergency crisis service system not addressed</i></p>
<p>7A.2.9.b)</p> <p>1. Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services? <i>meet with SA</i></p> <p>2. Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner?</p> <p>3. Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment?</p> <p>4. Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective?</p>	<p><i>uses connection system to identify high need or risk - flagged for staff</i></p> <p><i>addressed how they could work on SA too</i></p> <p><i>run reports weekly that are given to care management team</i></p> <p><i>track service utilization for depts</i></p> <p><i>design outcome tracking</i></p> <p><i>does individual doesn't look at entire groups diagnosis</i></p>

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<p>√7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.9.c) p. 65</p> <p>1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan? <u>addressed parole officers too</u></p> <p>2. Does the bidder's proposed program appear appropriate and likely to succeed?</p>	<p>training on ASAM regionally need more than ASAM training talked about mass & would adopt no outcomes. work group for policy development case consult</p>
<p>√7A.2.9.d) p. 66 Meets</p> <p>1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians?</p> <p>2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective?</p> <p>3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements? <u>audit tools for contracted providers</u></p> <p>4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective?</p> <p>5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively?</p> <p>6. Do the bidder's examples of monitoring efforts document an effective process?</p> <p>7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians?</p>	<p>enrollees include S.A. - was not addressed - only in h using Associations to determine what nec. & what format providers required to do by contract. Pharma connect - used for psychotropic medication described but no # outcomes</p>

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8 Meets transition

due to dis plan

7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)	Sub-Section Score (circle one)
7A.2.10.a)	Meets With Distinction Meets Partially Meets Fails to Meet
<p>1. Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities?</p> <p>2. Did the bidder provide successful strategies for putting in place effective discharge placement from such settings?</p> <p>3. Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa?</p>	<p>3 state examples - some of's saved but no outcomes</p> <p>Use emergency mental Health crisis System to provide in home crisis stabilization</p> <p>Family Peer Support Services</p> <p>Prof. Resource Family care</p> <p>Youth services liaison</p> <p>Innovative Approaches</p>

p. 69

discharge placement not well addressed

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<p>7A.2.11 Appeal Process (Section 5B.2 of the RFP)</p> <p>P 71-72</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.11.a)</p> <ol style="list-style-type: none"> Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals? Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification? Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? 100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal? provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP? <p>yes</p>	<p>will invite both provider & enrollee rep to participate</p> <p>letter acknowledge 1 work day P. 72</p> <p>expedited 3 days</p> <p>train family partners & recovery ambassadors to assist.</p> <p>not stated direct but say will comply with everything set out.</p>

Bidder Name: Value

7A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.12.a)</p> <p>1. Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints?</p> <p>2. Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements:</p> <ul style="list-style-type: none"> Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH? NO SAYS will work with them to dev system provision of written notice acknowledging the receipt of a the grievance? rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review? 95% of all complaints and grievances shall be resolved <u>within 14 days</u> of receipt of all required documentation and 100% shall be resolved <u>within 90 days</u> of the receipt of all required documentation? <u>yes</u> 	<p>5 days action initiated</p> <p>no requirement on or written</p> <p>follow oral</p> <p>can't follow timelines p. 25</p> <p>with 56 days written summary given to service center - 5 more business days action by S. center</p> <p>so maybe less than 14 days</p> <p>but doesn't state that</p> <p>State will comply with all</p>

Bidder Name: Value

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p><u>P. 76</u></p> <p>7A.2.13.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons? Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective? Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity? Are the identified potential issues reflective of the current Iowa service system? Are the proposed steps to increase capacity appropriate and likely to be effective? Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of <u>psychiatrists</u> or other specific behavioral health professionals? <u>use tele medicine & use Nurse with prescribing authority</u> Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa? <u>Yes but no sure applicable to Iowa prescriptive authority 28 - telehealth</u> 	<p><u>identified sub populations ref access P. 76</u></p> <p><u>Reports will also not have providers not accept Medicaid members how do they already have providers under contract P. 77 didn't give address underserved & emphasis on special need.</u></p> <p><u>mail applications & follow-up status report weekly</u></p> <p><u>phone outreach plan</u></p> <p><u>did say took 60 days to credential</u></p>
<p><u>P. 78</u></p> <p>7A.2.13.b)</p> <ol style="list-style-type: none"> Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for: <ul style="list-style-type: none"> the use of telehealth and distance treatment options? provision of child <u>psychiatric</u> consultation services to primary care clinicians? Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access? 	<p><u>telepsychiatry statewide by year 2 work with Association & UI to develop infrastructure</u></p> <p><u>network include P Health Clinics - Indian Health Services School Base Clinics as well as FQHC's</u></p> <p><u>provide psychiatric consult in 30 min or less P. 80</u></p>

Outcomes for PA - P. 77
No use of internet for distance

Bidder Name: Valve

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
<p>7A.2.13.c) <u>p 81</u></p> <p>1. Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? <u>Indian Health</u></p> <p>2. Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness? <u>not here in above</u></p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities?</p>	<p><u>example</u> <u>Addressed culture Indian Health Services</u> <u>did note example for Recovery</u></p>			
<p>✓ 7A.2.13.d) <u>p. 18</u> <u>meets</u></p> <p>1. Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of:</p> <ul style="list-style-type: none"> • psychiatric rehabilitation services? • mental health self-help and peer support groups? • peer education services? <p>2. Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees?</p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services?</p>				

Bidder Name: _____

Value

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u> </u> Partially Meets Fails to Meet
<p>7A.2.13.e) <u>P. 84</u></p> <p>1. Did the bidder describe its experience with contracts that include SAPT Block Grant funding? <u>3 states - only Kansas well described</u></p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? <u>high risk or priority in tx not described</u></p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant?</p>	<p>Kansas - NM - Texas evidence based practice provider excellence program limited info on NM & Texas not sure what experience is</p>
<p>7A.2.13.f) <u>P. 85</u> <u>meets</u></p> <p>1. Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement? <u>TX - MA - Conn - Ill - Kansas - NJ</u></p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</p>	<p><u>Texas expand -</u> <u>MA example on co-occur - took</u> <u>from 1999 to now to get 25 pres.</u> <u>KN can't tell they developed anything</u> <u>Conn, Ill & NJ as above</u></p>
<p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting?</p>	

Bidder Name: Value

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet
<p>7A.2.14.a) <u>P. 88</u></p> <p>1. Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement? <u>—</u></p> <p>2. Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers?</p> <p>3. Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum? <u>yes</u></p> <p>4. Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report? <u>SA ENROLLEE ONLY</u></p> <p>5. Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly?</p>	<p><u>Enrollee only</u></p> <p>retro reviews. audit - member & profile</p> <p><u>Subsc profiling seems to be ONLY enrollees p. 89</u></p> <p>Real time reporting capability providers can use</p> <p><u>reward for adoption of EBP & improving</u></p> <p><u>Value select member satisfaction - call or online - still concern get educ. opportunities at no charge what about others.</u></p>
<p>6. Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report? <u>mainly provider forums - face to face if poor</u></p> <p>7. Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective?</p> <p>8. Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared? <u>appears to be ONLY poor performance</u></p> <p>9. Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals? <u>— corrective action & follow-up</u></p> <p>10. Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels?</p>	<p>face to face train & webinars</p> <p>consumer input. p. 89</p> <p><u>some concern that a Value Select member would get stuff that others need too (on line satisfaction survey - educ. opport. cost)</u></p>

Bidder Name: _____

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
7A.2.14.a) (continued)	Meets With Distinction	Meets	Partially Meets	Fails to Meet
11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?				
12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?				
13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?				
14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?				
15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?				
16. Are the proposed methods for sharing best practices likely to support replication by other network providers?				

MA - PA

Previous RSE

— alerts & training

Bidder Name: Value

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.14.b)</p> <p>1. Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5?</p> <p>2. Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients?</p>	<p>Named who - example for provider in MA outcomes too - but in section 9 MA example no outcome</p>
<p>7A.2.14.c)</p> <p>1. Did the bidder provide copies of provider profiles employed for two clients?</p> <p>2. Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP?</p> <p>3. Did the bidder describe measurable performance improvement that resulted from the provider profiles?</p> <p>4. Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant?</p>	<p>Attachment 2 p.2 where is best practice info coming from</p> <p>yes - p.8 outcomes list</p> <p><u>meets</u></p>
<p>7A.2.14.d)</p> <p>1. The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive?</p> <p>2. Is the proposed plan appropriate and likely to be effective?</p>	<p>retro review with follow-up validation</p> <p><u>no contract requirement</u></p> <p><u>partially meets</u></p>

Bidder Name: Value

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.15.a)</p> <p>1. Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations? <u>MA</u></p> <p>2. Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations? <u>MA Kansas</u></p> <p>3. Did the bidder provide quantified, statistically significant evidence of improved:</p> <ul style="list-style-type: none">• mental health quality – process measures – <u>LOS – psychotropic</u>• substance abuse quality – process measures – <u>access</u>• mental health quality – functional or clinical outcome measures – <u>psych</u>• substance abuse quality – functional or clinical outcome measures – <u>access</u>• mental health quality – consumer-reported outcome measures• substance abuse quality – consumer-reported outcome measures <p>4. Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status?</p>	<p><u>eligible & family members on committee</u></p> <p><u>family & consumer council, youth & abuse committee</u></p> <p><u>eligible & family reimbursed travel & paid</u></p> <p><u>No specific outcomes for 1st bullet</u></p> <p><u>over yrs P. 99</u></p> <p><u>2nd bullet same outcomes - would like pre & post numbers - could not list</u></p> <p><u>Numbers but said decreased by did they even get it</u></p> <p><u>2 access examples - 2nd one over <u>over</u></u></p> <p><u>showed outcomes</u></p>
<p>7A.2.15.b)</p> <p>1. Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery? <u>meets</u></p> <p>2. Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings?</p> <p>3. Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings?</p>	<p><u>No b in proposal - but addressed in c</u></p> <p><u>but the instruments were mixed in with 9</u></p> <p><u>ROSI - RASI - outcomes - adm & discharge</u></p>

MA - incentives (Rate increases) to participate

propose only MH assessment tools

107

~~2.1561 would have liked to see a 2nd SG
example other than access~~

0.101 2.15 a mh functional - suicide risk assessment -
stated demo improvement in crisis prevention ~~not it's~~
~~good number outcomes on hospitalization follow-up~~
SA functional Tx pre & post comparing

Mh consumer - change towards recovery
System of care P10B - used RUST & RAS
indicators - ~~would have liked pre & post data~~
did do rec. to improve quality

SA Consumer - Kansas P105 - used access to
analysis NDMs - had pre & post.

Bidder Name: _____

Value

<p>7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.15.c) <u>(d)</u> P. 107</p> <p>1. Does the bidder describe an array of different methods by which consumers and family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> • adding consumers and family members to bidder-sponsored quality improvement teams; • using advisory groups or focus groups to advise the identification and design of possible improvement projects, and • using surveys to elicit consumer and family members suggestions and/or feedback. <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>represented on every AM Committee Family advisory council</p>
<p>7A.2.15.d) <u>(e)</u> P107 <u>Meets</u></p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality, including to:</p> <ul style="list-style-type: none"> • identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and • identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee. <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>USE Pharmacy connect</p> <p>both high & low use will do all diagnosis categories</p> <p>Alerts to or care gap issues to providers</p>

Bidder Name: _____

<p>7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.15.e) <i>8.110</i></p> <ol style="list-style-type: none"> 1. Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan? 2. Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? 3. Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? <i>Recovery services development of esp in SA is a high priority</i> 4. Are the quality improvement approaches described likely to result in improved function and well being for enrollees? 5. Did the bidder describe approaches to realize two such opportunities in Iowa? 6. Are the proposed approaches appropriate and likely to be effective? 	<p><i>listed 7 - good recovery & cultural competencies -</i></p> <p><i>priorities are ready made agent.</i></p> <p><i>2 detailed were Child Welfare/ Juv Justice</i></p> <p><i>can't find much on this expand access to crisis services - doesn't say how</i></p>
<p>7A.2.15.f) <i>h</i> <i>p. 111</i> <i>Meets</i></p> <ol style="list-style-type: none"> 1. Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups? 2. Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members? 3. Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members? 	<p><i>MA include both MAHSA</i></p> <p><i>more outcomes - says many</i></p> <p><i>rec implemented but how many</i></p> <p><i>did it improve programming</i></p> <p><i>did monitor changes 2 yr later</i></p> <p><i>P.A - both SA + mtl - did have</i></p> <p><i>outcomes on gals. but again</i></p> <p><i>how did it impact consumer</i></p> <p><i>format relations established what</i></p> <p><i>did that do for consumers p112</i></p>

S

RUST #5

#7

W

#2

consumer

Bidder Name: _____

Value

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets <u> </u> Partially Meets Fails to Meet</p>
<p>7A.2.15.g) <u>1</u> <u>P. 112</u></p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered? What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding? <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p>interview clients & staff as part of review admin, program fidelity, post payment & clinical record show service variance compared to others didn't identify anything to do with recovery or co-occur tool will be scored</p>
<p>7A.2.15.g)</p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client? <u>Meet</u> <u>Attach 3 PA</u></p> <p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p>list roles including providers, consumers & family m P. 7 co-occur mentioned p 16 & recovery P. 19 - Recovery specific to SA</p>

~~Not sure provider gets a written review~~

work with - corrective action (if available) - prior to sanction
 State Reviews - follow-up.

Bidder Name: _____

Value

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services?</p> <p>2. Is the strategy appropriate and likely to be effective?</p> <p>3. Did the bidder describe its experience in implementing such strategies under other contracts?</p> <p>4. If so, do the other programs appear to be well conceived?</p> <p>5. Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services?</p> <p>6. Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members?</p>	<p>P.116</p> <p>Strategy target birth to age 5 emotional, behavioral & social early onset</p> <p>P.116 - Training program - seems to be only in it</p> <p>No Number outcomes</p> <p>example was Strengthening Families - SH</p>			

Bidder Name: Value

7A.2.17 Management Information System (Section 6.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.17.a)</p> <p>1. Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan?</p> <p>2. Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities?</p> <p>3. Does the bidder's response address all of the other requirements of Section 6.4 of the RFP?</p> <p><i>Days ready & fully compliant</i></p>	<p><i>p118</i></p> <p>Connections initial contact to Chims & adjudication</p> <p>Braided Funding System p115</p> <p>Service & care connect</p> <p>member connect - let members see</p> <p>provider connect up & running p120</p> <p>ability to transfer files to providers</p> <p><i>p122</i></p>
<p>7A.2.17.b)</p> <p>1. Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application?</p> <p>2. Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective?</p>	<p><i>p133</i></p> <p>Own source code 5 days generally</p> <p>ad hoc Reports</p> <p>but contradicts in another place 10 days</p> <p><i>p127</i></p> <p>laid out req & capabilities very well</p> <p><i>p127</i></p> <p>p133 will require registration on</p> <p>targeted potential enrollees - Not sure will</p> <p>work can't everyone be a potential?</p> <p>p134 non-Medicaid have eligibility records</p> <p>authorized?</p>
<p>7A.2.17.c)</p> <p>1. Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when:</p> <ul style="list-style-type: none"> i. services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/ ii. services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/ <p>2. Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan?</p>	<p><i>p134</i></p> <p><i>p134 C</i></p> <p>Clearly understood the women & children issue</p> <p><i>p135</i></p> <p>didn't see address</p>

Bidder Name: _____

Value

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ol style="list-style-type: none"> 1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount; 2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and 3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses. <p>2. Did the bidder disclose the source of the capital required? — Value Options Inc — NOT if unrestricted or vol.</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>				

P 136

stated DHS can draw case in escrow
escrow acct combination of ROP
money market etc.

talked about how they separate interest
earned accounts — &
interest remitted to approp dept as
required by RFP

Bidder Name: Value

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>3</u> Partially Meets Fails to Meet
<p>7A.2.18.b)</p> <p style="text-align: right; font-size: 2em;">p. 133</p> <ol style="list-style-type: none"> 1. Dis the bidder demonstrate that its organization is financially sound? 2. Do the bidder's financial statements and those of any corporate parent support its claims? 3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful? 4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests? 	<p>Audits Attach 4 2006 & 2005 - 08207 06 & 07</p> <p>lost some contracts in last yr on AZ & N. Mexico IX - AZ 3990 of Rev - N Mex (1590) P 9 MA OK to 09</p> <p>Assessts dropped between 07 & 08 net income rise P 3</p>
<p>7A.2.18.c)</p> <p style="text-align: right; font-size: 2em;">p. 137 Meets</p> <ol style="list-style-type: none"> 1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP? 2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity? 	<p>don't trade on stock market - private held co.</p> <p>NO impact.</p>

Bidder Name: Value

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet
<p>7A.2.19.a)</p> <p>Q.138</p> <ol style="list-style-type: none"> Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing? Is the process consistent with the requirements set forth in Section 6.7 of the RFP? Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective? 	<p>System does within multiple fund streams p.138 paper scan became electronic Capable of auto adjudication Rate between 80-85% p.138 talked about multiple check runs to meet requirements</p>
<p>7A.2.19.b)</p> <p>Q.139</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations? Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts? 	<p>MA - Penn - TX - MA - always pay within specifications PA - 75% payment 4 bus days all claims within 21 days</p>

~~P.138 didn't put in the amendment of 12 days for~~
~~8590 = line 2779 RFP~~
~~Didn't see track of electronic claims line 2771~~
~~Not sure if meets CMS Healthcare Line 2790~~
~~didn't see 12 months submission line 2761~~

Bidder Name: Value

7A.2.20 Fraud and Abuse (Section 6.8 of the RFP)	Sub-Section Score (circle one):		
	Meets With Distinction	Meets <u> </u>	Partially Meets
<p>7A.2.20.a)</p> <ol style="list-style-type: none">1. Did the bidder describe how it will comply with the Departments' Fraud and Abuse requirements?2. Did the bidder provide examples of how its internal controls successfully work to prevent Fraud and Abuse?3. Did the description completely address the requirements as defined within Section 6.8?4. Is the bidder's proposed approach appropriate and likely to be effective?	<p>Code of conduct require staff to report time 2841 Says what do now & will add DWA Requirements Time 2844 Not addressed says who responsible but not timeline or use of state forms</p>		

Bidder Name: Value

7A.3 Corporate Organization and Experience --- 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.

Does it exceed? Y/N?

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP) <u>under tab.</u>	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.3.a)</p> <p>1. Did the bidder provide the following information on <u>all current publicly funded</u> managed behavioral health care contracts?</p> <ul style="list-style-type: none">i. contract size: average monthly covered lives and annual revenues;ii. contract start date and duration;iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.);iv. the company or agency name and address, andv. a contact person and telephone number? <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan? <u>✓</u></p>	<p>CA to 2009 Colo to 2008 Conn to 2009 to options Florida to 2009 + options to Renew Illi 08 + 2 year Kansas 09 MA - 09 + 2</p>
<p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so? <u>- don't see any</u></p>	<p>NJ 09 NW 09 NC 09 + 1 Penn 09 + TX - 99 - 10 option years - Clayton</p>

Bidder Name: Value

7A.3.1 Organizational Information <i>P.6 Corp 088</i>	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
7A.3.1.a) 1. Does the bidder provide all of the following (as required by the RFP)? <ul style="list-style-type: none"> • lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel? • the curriculum vitae for the aforementioned executive management staff? • if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations? • an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner? • if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries? • an organizational chart depicting any subsidiaries in relation to the bidder? 	<i>all in</i>
2. Are any key positions vacant? 3. Do senior officers appear to be appropriately qualified? 4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract? 5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder? 6. If the organization is a partnership, is the line of authority clearly delineated?	

Bidder Name: _____

Value

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
7A.3.2.a) 1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?	Commercial claim only —
7A.3.2.b) 1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest? 2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest? 3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):	<u>Meets</u> Nothing
<ul style="list-style-type: none"> • a change of the distribution of referrals or reimbursement among providers within a level of care? • referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship? • preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship? • different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship? • distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship? • substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care? 	

Bidder Name: Value

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.3.3.a)</p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination. During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number. During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder. 	<p>Nothing terminated or default</p> <p>Parent CO P. 9210</p> <p>20 33 penalty 04-08</p> <p>8 in last 2 yrs</p> <p>6 outside scope of RFP</p>
<ul style="list-style-type: none"> During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP. During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. 	<p>Parent</p> <p>AZ direct care contract</p> <p>17 suits</p> <p>Denial benefits</p> <p>7</p> <p>Dismissed 5</p>

Bidder Name: _____

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>	<p>Not as</p> <p>P rev. case</p>			

Bidder Name: Value

7A.4 Project Organization and Staffing - 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.

Does it exceed? Y/N?

7A.4.1 Organizational Chart	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Did the bidder provide an organizational chart that demonstrates:</p> <ul style="list-style-type: none">a) the bidder's corporate structure?b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure? <p>2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?</p>	

Bidder Name: Value

7A.4.2 Chart or Other Presentation P1	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) every position which would be working on the Iowa Plan? b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations? c) the reporting relationships between those positions? d) the credentials required of individuals to be hired for each clinical and management position? e) the office locations of each individual? <p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p> <p>3. Are adequate resources dedicated to serving DPH Participants?</p> <p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p> <p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>	<p>- Iowa Center VP - only BA?</p> <p>see below right position</p> <p>Combined MH and SA experience where relevant</p>

Management & Admin = 5 DSM
 Medical Mngs: 1.5 DSM
 UM

~~38 - have~~ 38 - have all over

Q.M. 7 - DSM
 Network Manager - all over 6
 Member 3 DSM
 Finance 3 DSM
 IT 4 DSM
 Claim & Customer 27 corporate

~~Not sure the~~ 3 clinical care manager listed for

Total 95.32
 Ia 68.5
 Corporate 27.82

Bidder Name: _____

Value

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) the subcontractors (excluding network providers) who would be working on the Iowa Plan? b) the responsibilities of those subcontractors? c) special skills of those subcontractors? d) the location of the office of each subcontractor from which they will provide their subcontracted services? <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p><i>None</i> <i>Right</i> <i>Now</i></p>			

Bidder Name: _____

Value

7A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none"> audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments? a minimum of three written financial references including contract information? <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>	<p style="text-align: center;">Attach bt</p> <p>AZ & NW in 2006 represent 5490 of their revenue P. 9</p>			

07-08 - decrease in assets

07-08 net income higher

08 - Netto listed as 2390 of rev

Bidder Name: _____

7A.5 Budget Worksheet and Narrative - 10% This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N? 2 pages

7A.5 Budget Worksheet and Narrative <u>Budget worksheet</u>	Sub-Section Score (circle one):			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	12.75%			
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	3.5%			
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none">• services that would benefit eligible persons?• services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response)	p. 2			

Advocacy & peer run

telehealth expansion

Crisis

EB Practice

Peer Support & Crisis Stab listed
under Medicaid Funded
S.A

Bidder Name: Valer

7A.6 Required Certifications	Sub-Section Score (circle one):
	Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
1. Does the bidder include all the required certifications? (Y/N) <ul style="list-style-type: none">• RFP Certifications and Mandatory Guarantee• Release of Information• Mandatory Requirements and Reasons for Disqualification	